

REVIEWS

ANÆSTHESIA AND OTOLARYNGOLOGY. By Donald F. Proctor, M.D. (Pp. xvi+268; figs. 33. 56s.) London: Baillière, Tindall & Cox, 1957.

THIS book has been written by one who practised otolaryngology for fifteen years, and who, by reason of his interest in respiratory function, switched for four years to the practice of anæsthesia. He writes with a considerable sympathy for the problems of the anæsthetist, and throughout the book co-operation between surgeon and anæsthetist is continually urged.

There are four sections:—

1. General considerations, concerned with anæsthesia in any field.
2. General anæsthesia in otolaryngology.
3. Local anæsthesia in otolaryngology.
4. Problems involving both anæsthetist and otolaryngologist, chiefly to do with upsets of respiratory function.

In section 1 there are chapters on mortality rates, pre-operative preparation of the patient, pre-anæsthetic medication and ancillary drugs, pulmonary ventilation during anæsthesia, post-anæsthetic care, and medico-legal considerations. The author is meticulous in the detail of his descriptions. He has arrived at certain conclusions which seem unnecessarily strict, e.g., “. . . It (thiopentone) can never be used safely without assistance to pulmonary ventilation”; “. . . The growing use (of hypotension) for . . . fenestration seems inexcusable.” It is interesting to note that in the United States the anæsthetist may be liable in law for wrongful acts or omissions on the part of the surgeon, which he may observe and permit without objection!

Section 2 deals with techniques of general anæsthesia for tonsils and adenoids, the paranasal sinuses, the ear, larynx, and trachea, and for endoscopy and bronchography. Some of these are difficult to accept. “Tonsillectomy is one of the common forerunners of lung abscess.” This surprising view (surely not true in this country) has largely prompted the development of the technique used in the Johns Hopkins Hospital for dissection of tonsils and adenoids. A technique, of which the following quotations are descriptive, seems to leave something to be desired:—

“One is greatly helped if the surgeon will tell the anæsthetist when the patient swallows, holds his breath, gags, or vomits.”

“. . . (Vomiting) . . . is likely to occur at least once” (i.e., during tonsillectomy).

Section 3 is most useful, and is written by one who has obviously first-hand experience of the methods he describes. There appears to be no E.N.T. procedure which cannot be done under local analgesia, and the author favours the method in some of them. “S.M.R. should always be done under local anæsthesia.” He also considers it the method of choice in bronchography. These techniques are described in detail.

Section 4 is also excellent, and deals largely with problems of ventilation where there is high airway obstruction, or intrathoracic disease, and also in the newborn.

To summarize, this book is written in a pleasant, conversational, and very clear style by one interested in the respiratory and ventilation angle of general anæsthesia. The section on techniques of general anæsthesia for E.N.T. procedures is the weakest in the book. The last two sections are good. There is a comprehensive bibliography and index. The price seems too high.

J. E.

AIDS TO PUBLIC HEALTH. By Llywelyn Roberts, M.D.(Hyg.), M.R.C.P., D.P.H. Eighth Edition. (Pp. viii + 336. 10s. 6d.) London: Baillière, Tindall & Cox, 1957.

THIS is a new edition of a well-known member of the Students' Aid Series. It has been revised and includes appendices dealing with the findings of the Royal Commission of the Law relating to mental illness and mental deficiency, 1957. This revision and its restricted size should continue to make it popular with medical students as the source of information about much of the legislation dealing with public health, and as a demonstration of some of the possibilities of preventive medicine.

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